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<b>SERIAL NUMBER</b> 10/759,547	<b>FILING OR 371(c) DATE</b> 01/16/2004 <b>RULE</b>	<b>CLASS</b> 436	<b>GROUP ART UNIT</b> 1743	<b>ATTORNEY DOCKET NO.</b> 033819-071
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** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
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Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 25
				<b>INDEPENDENT CLAIMS</b> 5
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<b>TITLE</b> METHODS AND SYSTEMS FOR POINT OF CARE BODILY FLUID ANALYSIS				
<b>FILING FEE RECEIVED</b> 1711	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	